MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

17764

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural : La Plata. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physician's Memorial Hospital La Plata. Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington. DC
STREET ADDRESS (If rural, give location) 1242 K St. S.E. ~~Ho~~.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) (Last) Armstrong
4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1949
5. SEX: female
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: ~~August~~ 1930
9. AGE last birthday: 19 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Armstrong
14. MOTHER'S MAIDEN NAME: Emelia Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Emelia Armstrong mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphexia — 1 hr 40 min
Antecedent cause(s) (b) Fractured skull, clavical, arm, and leg: right. hemmorhage into cranium & lungs. — 1 hr 40 min
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Evulsion of Scalp.

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ACCIDENT | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route #5 | (CITY OR TOWN) Rural ~~La Plata~~ Bi-pantown | (COUNTY) Charles | (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) August 7 1949 10:20 PM | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from 7 Aug., 19 49., to 7 Aug., 19 49., that I last saw the deceased alive on 7 Aug., 19 49., and that death occurred at 12:00 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) A O Woodcock, M.D. | ADDRESS La Plata. | DATE SIGNED 8 August '49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug. 11, 1949 | NAME OF CEMETERY OR CREMATORY Lincoln Mem. Park | LOCATION (City, town, or county) Washington D C (State)
DATE REC'D BY LOCAL REG. Aug 8-1949 8-10-49 | REGISTRAR'S SIGNATURE M. L. Mooney Julia H. Posey
24. FUNERAL DIRECTOR Geo L Butler | ADDRESS #67 Wash DC

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

17765

Reg. Diat. No. 101

1. PLACE OF DEATH:
County Charles
City or town Riverside
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles.
City or town Riverside.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Taylor Bannister

3.(b) Social Security Number

4. Sex: Male
5. Color or race: Old
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Naomi Bannister
6.(c) If alive, give age: 49 years
7. Birth date of deceased (mo., day, yr.): Sept 28, 1880.
8. AGE: Years 68 | Months 11 | Days — | If less than one day ... hrs. ... min.
9. Birthplace: Nanjemoy Chas. Co. Md (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business
FATHER 12. Name: John Bannister
13. Birthplace: Spotsylvania Co. Va.
MOTHER 14. Maiden name: Rebecca Thompson
15. Birthplace: Charles Co. Md.
16. Informant: Martha Carroll.
Address: Linwood, Penn.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30 49 (month) (day) (year)
Cemetery or crematory: Oak Grove.
Location: Near Riverside, Md.
18. Funeral director: Laurence Montgomery
Address: Washington D.C.
19. Aug 27 1949 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 1949, at 4.45 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949, to Aug 26 1949
and that I last saw h... alive on Aug 25 1949.

Immediate cause of death	DURATION
(a) Cardio-vascular renal disease	
Due to	
Due to	
Other conditions 442	
131a (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.
M. D. or other
Address Marbury Md Date signed Aug 27 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45 15M

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07766

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Philip	S.	Barbour	Aug.	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		July 3, 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Merchant	Bryantown Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Barbour	Mary Emily Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Wilson Barbour

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage from bladder	3 mos.
181 Antecedent cause(s)		
528 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ca. Bladder	1948
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-9, 1948, to 8-31, 1949, that I last saw the deceased alive on 8-30, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-1-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/3/49	St. Ignatius	Beltsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-1-49	Julia H. Posey	Hunt & Ryon, Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

07767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Ignatius (Middle) — (Last) Butler

4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-6-1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Bryantown, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Butler
14. MOTHER'S MAIDEN NAME Christian Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Julia Butler Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 month

610 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatism — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 1 yr.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 5, 1949, to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 4:40 P.m., from the causes and on the date stated above.

SIGNATURE James L. MacKavanagh, M.D. (Degree or title) ADDRESS La Plata, Md DATE SIGNED 8-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 18-49
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Pomfret (State) Md

DATE REC'D BY LOCAL REG. Aug 17-1949 8-19-49
REGISTRAR'S SIGNATURE M. L. Monroe Julia H. Pasey
24. FUNERAL DIRECTOR Hewitt & Ryan
ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 21 1949
BUREAU V. S.

07768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Issue~~ Rockpoint
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MADALINE (Middle) (Last) BUTLER.

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4/18/94

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Newport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joe Queen

14. MOTHER'S MAIDEN NAME: Mary Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Louis Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	24 hrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Adenocarcinoma breast with	3 months.
	(c) metastasis to liver, and kidneys, and other organs.	

170
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Aug, 1949, that I last saw the deceased alive on 6 Aug, 1949, and that death occurred at 10:55 A.M. (E.S.T.), from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Arthur O. Woody. MD — La Plata. Md. — 6 August 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 8/9/49 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REG. 8/9/49 — REGISTRAR'S SIGNATURE Julia H. Reedy

24. FUNERAL DIRECTOR — ADDRESS Hewett & Ryon, Waldorf, Md.

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07769

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bryantown
LENGTH OF STAY (in this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Highway 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3627 - 11th ST NW

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Campbell

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH ~~Aug~~ 1926
9. AGE last birthday 23 ~~25~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work
10b. KIND OF BUSINESS OR INDUSTRY Govt. Wash. D.C.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William V. Tennington
14. MOTHER'S MAIDEN NAME Maggie Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Maggie Clay mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture - dislocation of cervical spine	Minutes
822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Automobile accident	"
170c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Mr. Bryantown (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) 8 (Day) 7 (Year) 1949 (Hour) 10 30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. MacKavanagh, M.D. Deputy Medical Examiner La Plata Md 8-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10-1949
NAME OF CEMETERY OR CREMATORY Wash DC
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. Aug 8-1949
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Geo L. Butler ADDRESS
8-10-49 Julia H. Pasey #62 Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 17 1949
BUREAU V. S.

07770

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Caroline (Last) Cooksey
4. DATE OF DEATH (Month) Aug. (Day) 26 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 6/1903
9. AGE last birthday 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Teacher
11. BIRTHPLACE (State or foreign country) West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harry Lee Thompson
14. MOTHER'S MAIDEN NAME Virginia Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT S. Fairfax Cooksey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	10 days
Antecedent cause(s)	(b) Generalized Carcinomatosis	6 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause inst	(c) Adenocarcinoma Right Breast c̄ Metastases	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pathologic Fracture Right Femur	2 mos.

170
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Right Breast c̄ Axillary Metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1949, to Aug. 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE Harran Jarboe (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 8-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/29/49
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) La Plata (State) Md.

DATE REC'D BY LOCAL REG. 8/27/49 8/30/49
REGISTRAR'S SIGNATURE M. L. Mourde Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07771

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Pomfret.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 76 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Pomfret
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Bertha Waring De Ment

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife: Charles Fenley DeMent
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): November 16. 1872
8. AGE: Years: 76 Months: 9 Days: 11 If less than one day: hrs. min.
9. Birthplace: Pomfret. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home.
FATHER 12. Name: John W. Waring
13. Birthplace: Charles County. Md.
MOTHER 14. Maiden name: Mary Miles
15. Birthplace: Charles County. Md.
16. Informant: Edward J. Waring
Address: Leonardtown. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 29 1949 (month) (day) (year)
Cemetery or crematory: St. Joseph Cath. Cemetery
Location: Pomfret. Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf. Md.
19. 8-27 1949 (Date rec'd by registrar) M. L. Mowell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 27 1949 at 12-15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1949, to August 27 1949 and that I last saw her alive on August 26 1949
Immediate cause of death: Acute myocarditis — DURATION: 1 month
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank G. Swan M.D.
M. D. or other
Address: Indian Head Md Date signed 8-27-49.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ink correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17772

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) M. (Last) Hamilton

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 11/24/72

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Waldorf, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ruffus Hamilton

14. MOTHER'S MAIDEN NAME: Annie Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Norman Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — Sudden

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Arterio-sclerotic Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1949, to 8/24, 1949 that I last saw the deceased alive on 8/24/49, 19....., and that death occurred at 7.20 a.m., from the causes and on the date stated above.

SIGNATURE Edwin O. Lamasters (Degree or title) MD ADDRESS Waldorf DATE SIGNED 8/24/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-26-49 NAME OF CEMETERY OR CREMATORY Oakland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 8/25/49 REGISTRAR'S SIGNATURE M. L. Mowbray

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1949
BUREAU F. S.

07773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tompkinsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tompkinsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Webster (Middle) Peter (Last) Hayden
4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Taylor Hayden
14. MOTHER'S MAIDEN NAME Ann L. Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mattie B. Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2-10-49
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	1-1947
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 8-3, 1949, that I last saw the deceased alive on 8-2, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE E. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 8-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-6-49
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) Issue Md (State)
DATE REC'D BY LOCAL REG. 8/6/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan - ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

07774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bryantown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bryantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) GERTRUDE	(Last) JENIFER	4. DATE OF DEATH	(Month) AUGUST	(Day) 25	(Year) 1949
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 5/1/98	9. AGE last birthday 51 yrs.	If under Months.	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Chas. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Alfred Jenifer	14. MOTHER'S MAIDEN NAME Jennie Matthews						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Harry Lyles				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE (CARDIAC DECOMPENSATION : PULMONARY EDEMA)	3 DAYS
351 Antecedent cause(s)		
87e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SPASTIC DIPLEGIA	LIFE
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from SEPTEMBER 1947, to AUGUST, 1949, that I last saw the deceased alive on AUGUST 24, 1949, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Charles Co.	8/26/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE 8/27/49	NAME OF CEMETERY OR CREMATORY St. Marys	LOCATION (City, town, or county) (State) Bryantown Md
DATE REC'D BY LOCAL REG. 8/26/49	REGISTRAR'S SIGNATURE M. L. Monroe	24. FUNERAL DIRECTOR Hunt & Ryon	ADDRESS Waldorf, Md.
8/27/49	Julia H. Pasey		

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1949
BUREAU V. S.

07775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME James Philip Johnson

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Marian Smoot Johnson

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): [redacted] April 16, 1917

8. AGE:

Years	Months	Days	If less than one day
32	3	24	— hrs. — min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business: Restaurant

FATHER
12. Name: George Alexander Johnson
13. Birthplace: La Plata, Md.

MOTHER
14. Maiden name: Julia Ann Bivins
15. Birthplace: Ponfret, Md.

16. Informant: Julia Johnson (mother)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/13/49 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: La Plata, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. 8-13 1949 (Date rec'd by registrar) Julia H. Pasey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10, 1949, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1945, to Aug. 10 1949 and that I last saw him alive on Aug. 3, 1949

Immediate cause of death: Hepatic cirrhosis — DURATION: 2 yrs

Due to:

Due to:

Other conditions: 581.0 (Include pregnancy within 3 months of death)

124b

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James L. Mackavanagh, M.D., M. D. or other

Address: La Plata, Md. Date signed: 8-10-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 17 1949
BUREAU V. S.

Evidence for addition in #21 shown on:

FILM No. G 122 OCT 17 1949

08305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 125

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 Months

Hospital, Institution, or street address where death occurred: Dr. Weber's Office en Probably en Way to.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Charles

City or town: Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Jack Jones, Jr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 22 - 1948

8. AGE: Years: 1 | Months: 19.6 | Days: 28 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington, D. C. (town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Jack Jones, Sr.

13. Birthplace: Vicksburg Miss

MOTHER — 14. Maiden name: Willie Backhaven

15. Birthplace: Phila Pa

16. Informant: Jack Jones Sr.

Address: Waldorf. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-22-49 (month) (day) (year)

Cemetery or crematory: Oakland

Location: Waldorf Md

18. Funeral director: Wyatt & Ryon

Address: Waldorf Md

19. 8/22 49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/20 1949 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/20 1949, to ..... 19.....

and that I last saw h.. alive on ..... 19.....

Immediate cause of death	DURATION
Asphyxiation due to Inhalation	
Due to of Live Steam	
Due to Pot of boiling water & gas burner - spilling water extinguishing gas flame; combustion of live steam plus internal gas.	
Other conditions 925.0 182	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 8/20/49

Where did injury occur? Waldorf (City or town) Md (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Self alone Injured at work?

23. SIGNATURE: D. Weber, M. D. (M. D. or other)

Address: Waldorf, Md. Date signed: 8/20/49

VS A15 9-45 15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1949
BUREAU V. S..

07776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) Richard (Last) MARSHALL
4. DATE OF DEATH (Month) AUGUST (Day) 30 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 26, 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Milk Pasteurizer
11. BIRTHPLACE (State or foreign country) Chas. Co., Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Wesley Marshall
14. MOTHER'S MAIDEN NAME Evelyn West Dyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Adrian Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE (CARDIO-RENAL DECOMPENSATION)	10 DAYS
420.0 Antecedent cause(s)	(b) TERMINAL UREMIA	24 HOURS
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) GENERALIZED ARTERIO-SCLEROSIS	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 30, 1949, that I last saw the deceased alive on Aug 30, 1949, and that death occurred at 8 40 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, (Degree or title) M. D. ADDRESS Hughesville, Charles Co. DATE SIGNED 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 9/2/49 NAME OF CEMETERY OR CREMATORY Shiloh, M.E. LOCATION (City, town, or county) Newburg Md. (State)

DATE REC'D BY LOCAL REG. 9/1/49 REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt + Ryan, ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117777

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Thomas (Last) MURPHY

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: 2/10/79

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Chas. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: alphonsus Murphy

14. MOTHER'S MAIDEN NAME: Mary A. Bridgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edward T. Murphy Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE (CIRCULATORY FAILURE)	6 WEEKS
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO-SCLEROTIC PARKINSONISM	10 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER, 1947, to AUGUST, 1949, that I last saw the deceased alive on AUGUST 23, 1949, and that death occurred at 845 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John N. Griffin, M.D. Nugheesville Charles Co. 8/24/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 8/27/49 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Bryantown, md

DATE REC'D BY LOCAL REG. aug 26 49 | REGISTRAR'S SIGNATURE M.L. Monroe 8/27/49 Julia H Posey

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07778

Reg. Diat. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John F. Posey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 80 | Months — | Days — | If less than one day ... hrs. ... min.

9. Birthplace Nanjemoy Charles Co. Md.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name Thomas Posey
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden name
15. Birthplace

16. Informant Wilson Posey
Address Marbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 13 49 (month) (day) (year)
Cemetery or crematory Baptist
Location Nanjemoy

18. Funeral director Hunt & Tyson
Address Waldorf Md

19. Aug. 13 1949 (Date rec'd by registrar) Mary Smallwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1949, at 7 05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1949 to Aug 11 1949 and that I last saw h... alive on Aug 10 1949

Immediate cause of death	DURATION
Heat Stroke	
Cardiac Failure	
Due to	
Due to	
Other conditions	

931.9
191

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Bicknell M.D.
M. D. or other
Address Marbury Md Date signed Aug 13 49

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07779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry. (Middle) (Last) STEINHAUSER.
4. DATE OF DEATH (Month) August (Day) 11 (Year) 1949.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH 15 Dec 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Conrad Steinhauser
14. MOTHER'S MAIDEN NAME Dorothy Altenproum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Carl Salzman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	4 days.
Antecedent cause(s)		
450.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis with advanced senile changes.	2 years
932	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1949, to August 11, 1949, that I last saw the deceased alive on August 11, 1949, and that death occurred at 9:20 EST P.m., from the causes and on the date stated above.

SIGNATURE S. Woodey. (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 11 August 1949

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE 8/14/49 NAME OF CEMETERY OR CREMATORY Mt. Hope LOCATION (City, town, or county) Newburg (State)

DATE REC'D BY LOCAL REG. 8/14/49 REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 17 1949
BUREAU V. S.

mw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07780

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bryantown
LENGTH OF STAY (in this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Highway 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1004 Kenilworth Ave NE ✓

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Stevenson

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/13/17
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Martin Luther Stevenson
14. MOTHER'S MAIDEN NAME Ruby Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ruby Jones Stevenson (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed skull — Seconds

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) M. Bryantown, (COUNTY) Charles, (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 7 (Year) 1949 (Hour) 10:30 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., Deputy Medical Ex-Ar
ADDRESS La Plata, Md.
DATE SIGNED 8-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug. 9, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Amherst, Va

DATE REC'D BY LOCAL REG. 8/8/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Meredith Wright Hunt & Ryan, Waldorf, Md.
ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07781

Reg. Dist. No. 108

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (In this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 636 E St NW

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (None) (Last) Watson Jr
4. DATE OF DEATH (Month) Aug. (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 15-1917
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Moncure N C.
12. CITIZEN OF WHAT COUNTRY? NOA

13. FATHER'S NAME Robert Watson S.R.
14. MOTHER'S MAIDEN NAME Lilla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 244-28-9375
17. INFORMANT John H. Dickens 4274 Bur Rd Wash NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple perforating shotgun wounds — Interval Between Onset and Death: Seconds

981 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of heart, aorta, lungs, and liver.

166 (c) Homicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) outside tavern
(CITY OR TOWN) Waldorf (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) 8 (Day) 14 (Year) 49 (Hour) 8 35 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot with shotgun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE James L. MacKavanagh, M.D. (Degree or title) Deputy Medical Examiner ADDRESS La Plata, Md. DATE SIGNED 8-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 16-49 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Sanford North Carolina (State)

DATE REC'D BY LOCAL REG. Aug 14-49 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.